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Bib Data Sheet

CONFIRMATION NO. 4341

|                             |  |              |                        |                                |
|-----------------------------|--|--------------|------------------------|--------------------------------|
| SERIAL NUMBER<br>10/813,582 | FILING OR 371(c)<br>DATE<br>03/31/2004<br>RULE | CLASS<br>707 | GROUP ART UNIT<br>2167 | ATTORNEY DOCKET NO.<br>Safe001 |
|-----------------------------|--|--------------|------------------------|--------------------------------|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/537,446 01/16/2004 \* (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 06/16/2004 *477/2004*

|                                 |  |                        |                     |                    |                         |
|---------------------------------|--|------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>CO | SHEETS DRAWING<br>9 | TOTAL CLAIMS<br>73 | INDEPENDENT CLAIMS<br>7 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                     |                    |                         |
| Verified and Acknowledged       | <i>W. Brant Howard</i><br>Examiner's Signature   | <i>KL</i><br>Initials  |                     |                    |                         |

**ADDRESS**

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 C/O Redd Shell Corporation  
 6334 South Racine Circle, Suite 202  
 Centennial, CO80111

**TITLE**

Method to report personal security information about a person

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1229 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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